

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002359

1. Entity Name
METAL LINK INTERNATIONAL, L.C.

FILED

01 MAY 24 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
103 CENTURY 21 DR., SUITE 217
JACKSONVILLE FL 32216

Mailing Address
103 CENTURY 21 DR., SUITE 217
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13500 Sutton Park Drive S.

3. Mailing Address
13500 Sutton Park Drive S.

Suite, Apt. #, etc.
Suite 702

Suite, Apt. #, etc.
Suite 702

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3536262

Applied For
Not Applicable

Zip
32224

Country
Duval

Zip
32224

Country
Duval

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name
Raleigh M. Wilcox, P.A.
Street Address (P.O. Box Number is Not Acceptable)
13500 Sutton Park Dr. S. Suite 703
City
Jacksonville FL Zip Code
32224

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Raleigh M. Wilcox* *Raleigh M. Wilcox* *5/22/01*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCREE, THOMAS E
103 CENTURY 21 DR., SUITE 217
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
13500 Sutton Park Drive S.
Jacksonville, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
MGRM
Stemmer, Richard S.
13500 Sutton Park Drive S., Suite 702
Jacksonville, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400004419814-7
-06/14/01-01061-002
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Richard S. Stemmer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)